

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213532189		
<div style="display: flex; justify-content: space-between;"> <div> 1.) CORPORATION NAME: Shenandoah Valley Battlefields Foundation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: IRVIN E HESS MD 298 W OLD CROSS RD PO BOX 897 NEW MARKET, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: SHENANDOAH COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA </div> <div style="text-align: right;"> DUE DATE: 8/31/2013 SCC ID NO: 05449004 5.) STOCK INFORMATION <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: PO BOX 897 CITY/ST/ZIP: NEW MARKET, VA 22844 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLEN LOUDERBACK VICE PRESIDENT 1131 OLD FARMS ROAD LURAY, VA 22835	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian K Plum TREASURER PO Box 609 Luray, VA 22835	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES RODERICK GRAVES CHAIRMAN 1456 EGYPT BEND ROAD LURAY, VA 22835	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MITCHELL, JR. SECRETARY HALL, MONAHAN, ENGLE, MAHAN & MITCHELL P.O. BOX 848 WINCHESTER, VA 22604	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN ACKERLY DIRECTOR 10 OAK LANE RICHMOND, VA 23226	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN CLARK DIRECTOR LEXINGTON & ROCKBRIDGE AREA TOURISM 106 EAST WASHINGTON STREET LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR		

NAME:	FAYE COOPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	359 SHERWOOD AVENUE		
CITY/ST/ZIP/CO:	STAUNTON, VA 24401		
NAME:	C. TODD GILBERT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8721 ORKNEY GRADE		
CITY/ST/ZIP/CO:	MOUNT JACKSON, VA 22842		
NAME:	THOMAS GREEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	109 AMHERST STREET		
CITY/ST/ZIP/CO:	WINCHESTER, VA 22601		
NAME:	RICHARD HOBSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1750 TYSONS BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 1800 MCLEAN, VA 22102		
NAME:	WILLIAM HOLTZMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	580 OLD BETHEL ROAD		
CITY/ST/ZIP/CO:	EDINBURG, VA 22824		
NAME:	KATHLEEN KILPATRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2801 KENSINGTON AVENUE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23221		
NAME:	JOE MAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 2146		
CITY/ST/ZIP/CO:	LEESBURG, VA 20177		
NAME:	RHODES RITENOUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RIVERFRONT PLAZA, EAST TOWER		
CITY/ST/ZIP/CO:	951 EAST BYRD STREET, 8TH FLOOR RICHMOND, VA 23218		
NAME:	DAVID RUTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RICHMOND NATIONAL BATTLEFIELD PARK		
CITY/ST/ZIP/CO:	3215 EAST BROAD STREET RICHMOND, VA 23223		
NAME:	NANCY SORRELLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3419 COLD SPRINGS ROAD		
CITY/ST/ZIP/CO:	GREENVILLE, VA 24450		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C.J. STEUART THOMAS DIRECTOR TIMBERLAKE, SMITH, THOMAS & MOSES P.O. BOX 108 STAUNTON, VA 24402	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R. Creigh Deeds DIRECTOR PO Box 5462 Charlottesville, VA 22905	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Childs F. Burden DIRECTOR 22857 Carters Farm Lane Middleburg, VA 20117	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael A. Garber DIRECTOR PBGH, PO Box 558 Harrisonburg, VA 22801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Nicholas P. Picerno DIRECTOR 104 Mirandy Court Bridgewater, VA 22812	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Miles C. Williams DIRECTOR 82 Spring Lane Englewood, NJ 07631	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JAMES RODERICK GRAVES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES RODERICK GRAVES, CHAIRMAN PRINTED NAME AND CORPORATE TITLE	7/10/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			